

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

DAVID G. STERN,

Petitioner,

CIVIL ACTION NO. 04-10465

vs.

HON. NANCY GERTNER, USDJ

DAVID L. WINN, Warden
Federal Medical Center, Devens

Respondent.

FILED
DISTRICT COURT
DISTRICT OF MASS.

2004 APR 15 A 11:26

CLERK'S OFFICE

AFFIDAVIT OF SERVICE

MICHELE RITTER, being duly sworn deposes and states as follows:

1. I am a resident of Newport, Rhode Island, and I certify that I am over 21 years of age.

2. I further certify that on March 10, 2004, I mailed a copy of the Petition for Writ of Habeas Corpus Pursuant to 28 USC § 2241 & 2243 which was filed in the above entitled case by certified mail/return receipt requested in an envelope addressed to:

MICHAEL SULLIVAN
U.S. ATTORNEY
DISTRICT OF MASSACHUSETTS
1 COURTHOUSE WAY
SUITE 9200
BOSTON, MASSACHUSETTS 02210

3. That this mailing is in substantial compliance with the Federal Rules of Civil Procedure FRCP 4(i)(1).

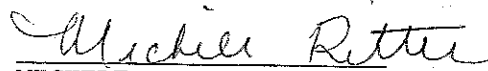
4. That attached hereto is a copy of the GREEN CARD indicating that a copy of the Petition was received by the office to whom the documents were mailed on March 10, 2004.

5. I make this **AFFIDAVIT OF SERVICE** to be filed with the Court
for purposes of establishing compliance with FRCP 4(i)(1).

6. I declare under penalty of perjury under the laws of the United
States of America that the foregoing information contained in this **AFFIDAVIT
OF SERVICE** is true and correct.

DATED: APRIL 2, 2004

RESPECTFULLY SUBMITTED,



MICHELE RITTER
24 ELM STREET
NEWPORT, RHODE ISLAND 02840

3/15/24

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 20px;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div> </div> </p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MICHAEL SULLIVAN U.S. ATTORNEY DISTRICT OF MASSACHUSETTS 1 COURTHOUSE WAY SUITE 9200 BOSTON, MA. 02210</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<div style="border: 1px solid black; padding: 5px; text-align: center;"> 7002 0460 0000 0697 6311 </div>
<div style="display: flex; justify-content: space-between;"> PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540 </div>	